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CONFIRMATION NO. 5355

| Bib Data Sheet | | | | | | | | | |
|--|---|---------------------------------------|----------|--|---------------------------------------|-----------------------|--------------------|----------------------------------|-----------------------------|
| SERIAL NUMBER 09/841,451 | | FILING OR 371(c) DATE 04/24/2001 RULE | CLASS GR | | GRO | ROUP ART UNIT | | ATTORNEY DOCKET NO. 4502US | |
| APPLICANTS Leslie F. Mace. Mercer Island, WA: | | | | | | | | | |
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| ** CONTINUING DATA ********************************** | | | | | | | | | |
| This application is a CIP of 09/092,260 06/05/1998 PAT 6,312,389 which is a CON of 08/680,492 07/15/1996 PAT 5,789,660 This application 09/841,451 is a CIP of 09/128,897 08/04/1998 PAT 6,815,211 and is a CIP of 09/128,918 08/04/1998 PAT 6,325,978 | | | | | | | | | |
| ** FOREIGN APPLICATIONS ************************************ | | | | | | | | | |
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| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/15/2001 | | | | | | | | | |
| Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no Met after Met Allowance Verified and Acknowledged Examiner's Signature Initials | | | | | DRAWING CLA | | TOTA CLAI 97 | MS | INDEPENDENT CLAIMS 10 |
| ADDRESS 24247 | | | | | | | | | |
| TITLE | | | | | | | | | |
| Multiple function airway adapter | | | | | | | | | |
| | | | | | | ☐ All Fees | | | |
| FILING FEE RECEIVED 1479 | | | | | | 1.16 Fees (Filing) | | | |
| | FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT | | | | 1.17 Fees (Processing Ext. of time) | | | | |
| | No | No for following: | | | | ☐ 1.18 Fees (Issue) | | | |
| | | | | | | Other | | | |
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